SEP 15 2005

Under	Paperson Re	chicago, Act of 1985, no persons are require	ig 10 rempond a	U.S. Patent o	of traffic and the same of the	ruse through	11/30/2008 OMB 0851-0355 ARTMENT OF COUNERCE	
1			App	Application Number			10/001 ,382	
REVOCATION OF POWER OF ATTORNEY WITH				Filing Date .		Oot. 23, 2001		
NEW POWER OF ATTORNEY AND			First	First Named Inventor		SHERIDAN, Thomas B.		
			Art	Art Unit		2123		
CHANGE OF CORRESPONDENCE ADDRESS			Exa	Examiner Name		PHAN THAI Q		
C STOREGE ADDRESS				Attorney Docket Number		THAT THAT C		
I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR								
I hereby appoint the practitioners associated with the Customer Number: 33392								
Please change the correspondence oddence for the correspondence oddence for the correspondence of the correspo								
Please change the correspondence address for the above-identified application to:								
		associated with	Till die en	-			•	
Customer Number: 33392								
QR								
Firm or								
Individual Name								
Address								
							1	
City			State	T				
Country			1			Zip		
Talaphone								
				Email				
I am the: Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CER 3.71								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature Thomas & Alterida								
Name	Thomas B. Sharklan							
Date	9.							
NOTE: Signatures of all the inventors or assignoss of record of the entire interset or their representative(s) are required. Submit implipie forms if more than one ingrestre is required, see below.								
≥ 7ma	w	arms are subcritted.						
This collection of information is required by 37 CFR 1.35. The information is required to obtain or mining a heady but the								

to proceed an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14 This collection is extended by the public which is to file (and by the USPYO including gathering, preparing, and submitting the compresed application form to the USPYO. There will vary depending upon the including pathering, preparing, and submitting the compresed application form to the USPYO. There will vary depending upon the including case. Any comments and Trademark Office, U.S. Department of Commence P.O. Box 1450, Alexandra, V.2.2313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandra, VA 22313-1450.

If you need assistence in completing the form, cell 1-800-PTO-9199 and select aption 2.